

Statement of Professional Person Responsible for Minor's Admission

(To be placed in minor's medical record.)

Minor's Name: _____

I affirm that the above-named minor meets the following criteria:

1. The minor has a mental health disorder, or a mental health disorder and a substance abuse disorder.
2. Inpatient treatment in this facility is reasonably likely to be beneficial to the minor's mental health disorder.
3. Inpatient treatment in this facility is the least restrictive, most appropriate available setting in which to treat the minor, within the constraints of reasonably available services, facilities, resources, and financial support.

I have provided the minor's admitting parent or guardian with a full explanation, both orally and in writing, of the facility's treatment philosophy, including, where applicable, the use of seclusion, restraints, medications, and the extent of family involvement.

Date: _____ Time: _____ AM / PM

Signature: _____
(hospital representative)

Print name: _____
(hospital representative)

Title: _____

Reference: Welfare & Institutions Code Sections 6002.10 and 6002.15(a) and (b)

